## SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION 1333Main St. 5<sup>th</sup> Floor POST OFFICE BOX 1715 COLUMBIA, SOUTH CAROLINA 29202-1715

## POSTER ORDER FORM

Workers' Compensation Compliance Poster			<b>Quantity</b>	@ \$1.50 EA
For You Brochure (Facts about injured workers)				@ \$0.50 EA
Employers' Brochure (Basic facts about company)				@ \$0.50 EA
Note: Posters & Pamphlets a	vailable in Spanis	h		
Please enclose account num  Method:  UPS	mber for method	l of shipping: Account No.	<u>:</u>	
Federal Express				
Other: (Pre-paid envelope				
Please Print: Name:				
Firm:				
Address:				
 City:				
State:		Zip:		
Telephone:		Fax #	:	
Please submit payment and	d information to	:		
	Mario Glisso S.C. Worker 1333 Main S	s' Compensation	n Commission	

Post Office Box 1715 Columbia, SC 29202-1715

If you have any further questions, please contact Mario Glisson at (803) 737-5751 or mglisson@wcc.sc.gov

ALL ORDERS MUST BE ACCOMPANIED BY PAYMENT. MAKE CHECKS PAYABLE TO THE <u>S. C. WORKERS' COMPENSATION COMMISSION</u>.